

MASSACHUSETTS STATE RACING COMMISSION



c/o Suffolk Downs
111 Waldermar Ave
East Boston, MA 02128

c/o Wonderland Park
190 V.F.W. Parkway
Revere, MA 02151

c/o Plainridge Racecourse
301 Washington Street
Plainville, MA 02762

c/o Raynham Park
P.O. Box 172
Raynham, MA 02767

FOR OFFICIAL USE	License
	Receipt No. _____ Inspector _____ ____ Cash / Check _____ Date _____
	Badge
	Receipt No. _____ Inspector _____ ____ Cash / Check _____ Date _____

2007	VENDOR AND EMPLOYEE	THOROUGHBRED HARNESS GREYHOUND RACING LICENSE APPLICATION
	<input type="checkbox"/> VETERINARIAN \$60* <input type="checkbox"/> BLACKSMITH \$25* <input type="checkbox"/> OTHER (SPECIFY) _____ \$10 *	
	* Badge fee is an additional \$5.	
		Fee must accompany this application. Make check payable to M.S.R.C.

NAME _____ / _____ (Print) Last First Middle Maiden Name	
PERMANENT ADDRESS _____ Street _____ City State Zip	
PRESENT ADDRESS (If different than permanent address) _____ Street _____ City State Zip	
PLACE OF BIRTH _____ City State Country	
SOCIAL SECURITY NUMBER [] [] [] - [] [] - [] [] [] [] DATE OF BIRTH [] [] - [] [] - [] [] [] [] [] [] [] [] HEIGHT WEIGHT HAIR EYES M F PERMANENT PHONE NUMBER ([] [] []) [] [] [] - [] [] [] [] PRESENT PHONE NUMBER ([] [] []) [] [] [] - [] [] [] []	

1. Name of Business: _____ Position _____ Address _____ / _____ Street City State Zip Phone Number
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2. Have you been licensed previously by the Massachusetts State Racing Commission? If yes, what year? _____ Licensed as _____ Year _____ Licensed as _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

3. Do you have, or have you ever had a license from any other state? If yes, what State? _____ Year _____ Licensed as _____ State _____ Year _____ Licensed as _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

4. Are you now or have you been suspended, set down, ruled off or otherwise debarred from participating in racing by any racing organization, association, commission, or other recognized turf authority in the United States or elsewhere? If yes, give details of each instance. When _____ Where _____ Why _____ Disposition: _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

5. Have you ever been arrested or indicted for any crime? If yes, give details of each instance _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

6. Have you ever been <u>convicted</u> of violating the law? If yes, give details of each instance _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

7. Have you ever been convicted by any court of law for illegal possession or distribution of narcotics? If yes, give details of each instance _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

8. Are you presently on parole or probation? If yes, give details of each instance _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Yes</td> <td style="text-align: center; font-size: 8px;">No</td> </tr> </table>			Yes	No
Yes	No				
9. Have you ever had any permit or license of any type whatsoever denied, suspended or revoked by any Federal, State, or City Agency? If yes, give details of each instance _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Yes</td> <td style="text-align: center; font-size: 8px;">No</td> </tr> </table>			Yes	No
Yes	No				

This section applies to all VETERINARIANS

- Name of Veterinarian School Attended _____
- Year of graduation _____ Year admitted to Veterinarian practice _____

➤ Are you currently licensed in Massachusetts?
 Elsewhere? _____

Yes	No

➤ Was your license to practice ever suspended?
 If yes, give details of each instance _____

Yes	No

All Veterinarians must be registered in Mass. with DEA to qualify for licensing by M.S.R.C. certificates subject to inspection upon reasonable demand.

DEA CONTROLLED SUBSTANCE

CERTIFICATE # _____

EXPIRATION DATE _____

Name of your employees _____

This section applies to all VENDORS

Official or corporate name of Business _____

Principal location of Business _____
 Street City State Zip

CHECK ONE

	Sole proprietor
	Corporation
	Non-Profit Organization

NOTE The issuance of a license by Massachusetts State Racing Commission does not necessarily entitle the holder to any right or privileges on the premises of any licensed track.

NOTICE TO APPLICANT: All employers are required by the Commonwealth of Massachusetts to carry Workman's Compensation Insurance on their employees per regulations established by the Department of Industrial Accidents.

Name of Company _____ Policy Number _____ Expiration Date _____

**A FALSE ANSWER TO AN QUESTION IN THIS APPLICATION
 CONSTITUTES GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE.**

I hereby certify I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and do hereby assent and agree, as a condition precedent to receiving of said license to abide by all the Rules of Racing adopted by the Massachusetts State Racing Commission and to accept the decision of racing officials as final on any matter relating to race or racing and that said license may at any time be summarily revoked, cancelled, suspended, or withdrawn.

NOTICE:

In making this application for a license to participate in racing it is understood that an investigative report may be made whereby information is obtained from **any criminal records**, through personal interviews with third parties such as family members, business associates, financial sources, friends neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

NOTICE:

In accordance with G.L. C.66A, Section 2(c), I hereby authorize the release of any and all information contained in this application to any body or authority on racing recognized by the Massachusetts Racing Commission. In doing so, I waive whatever rights I may have under G.L. C.66A or regulations promulgated under its provisions concerning the release of information contained in this application to any body or authority on racing recognized by the Massachusetts State Racing Commission.

NOTICE:

Section 205 CMR 4.00 Rules of Horse Racing Section 4.01./ 3.00 Rules of Harness Racing, Section 3.01/ 5.00 Rules of Greyhound Racing, Section 5.01.

"All licensees are participants are charged with the knowledge of the rules and regulations of this commissions".

NOTICE:

Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief,
 Have filed all state tax returns and paid all state taxes required under law.

STEWARDS/JUDGES RECOMMENDATIONS

License applied for expires December 31st year of issue**SIGNED UNDER THE PENALTY OF PERJURY****X**

Signature of applicant

DATE _____
